

TACTICAL RESPONSE REPORT / Chicago Police Department

INCIDENT	DATE OF INCIDENT 09-JUN-2018		TIME 0315		ADDRESS OF OCCURRENCE 155 W 51ST ST CHICAGO, IL 60609		LOCATION CODE 280		BEAT/OCCUR. 0225		VIDEO RECORDED INCIDENT <input checked="" type="checkbox"/> BWC <input type="checkbox"/> IN-CAR VIDEO <input type="checkbox"/> OTHER VIDEO		
	BUSINESS NAME				<input checked="" type="checkbox"/> DNA EXACT AREA WITHIN LOCATION (E.G., BASEMENT, STAIRWAY, BEDROOM)				ASSIGNMENT TYPE <input checked="" type="checkbox"/> ON-VIEW <input type="checkbox"/> OTHER <input type="checkbox"/> SUPERVISOR DIRECTED <input type="checkbox"/> CALL FOR SERVICE				
	EVENT NO. 02432		RD NO. JB299217		IR NO.		CB NO. 19656659		CHARGE 720 ILCS 5.0/12-3-A-2 - BATTERY - MAKE PHYSICAL CONTACT		INVOLVED A MOTOR VEHICLE PURSUIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	LIGHTING <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN <input checked="" type="checkbox"/> DARKNESS		WEATHER <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW/ICE <input type="checkbox"/> FOG <input checked="" type="checkbox"/> CLOUDY		PATROL TYPE? <input checked="" type="checkbox"/> POLICE CAR <input type="checkbox"/> BICYCLE <input type="checkbox"/> MOTORCYCLE/PAPV <input type="checkbox"/> SQUADROL <input type="checkbox"/> OTHER		MEMBER WAS? <input checked="" type="checkbox"/> ALONE <input checked="" type="checkbox"/> WITH PARTNER		ASSIST UNITS ON SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		INCIDENT <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR		
INVOLVED MEMBER	RANK 9161		LAST NAME BUCKHALTER		FIRST NAME LISA		EMPLOYEE NO.		SEX <input type="checkbox"/> M <input checked="" type="checkbox"/> F		RACE 1		
	DATE OF APPT. 25-JUN-2001		UNIT & BEAT OF ASSIGN. 002 0221r		DUTY STATUS <input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF		IN UNIFORM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF MEMBER INJURY <input checked="" type="checkbox"/> None / None Apparent <input type="checkbox"/> Minor Confusion/Laceration <input type="checkbox"/> Laceration Requiring Sutures <input type="checkbox"/> Gun Shot <input type="checkbox"/> Complaint of Substantial Pain <input type="checkbox"/> Broken/Fractured Bone(s) <input type="checkbox"/> Fatal <input type="checkbox"/> Significant Contusion <input type="checkbox"/> Heart Attack/Stroke/Aneurysm <input type="checkbox"/> Other (Explain)				
SUBJECT INFORMATION	LAST NAME JOHNSON				FIRST NAME ROBERT				M.I.		SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		
	ADDRESS 531 E 46TH ST CHICAGO, IL				TELEPHONE NO.				CONDITION <input type="checkbox"/> Apparently Normal <input checked="" type="checkbox"/> Injured by Member <input checked="" type="checkbox"/> Injured Unrelated to Force <input type="checkbox"/> Alleges Injury by Member <input checked="" type="checkbox"/> Under Influence of Alcohol <input checked="" type="checkbox"/> Under Influence of Drugs <input type="checkbox"/> Mental Illness / Emotional Disorder <input type="checkbox"/> OTHER (Specify)		D.O.B. 1976		
	MEDICAL TREATMENT? <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Offered/EMS Requested <input checked="" type="checkbox"/> Performed by Member <input checked="" type="checkbox"/> Taken to Hospital (Specify) <input type="checkbox"/> OTHER (Specify)				ST. BERNARD				SUBJECT INJURY BY MEMBER'S USE OF FORCE? <input type="checkbox"/> None/None Apparent <input checked="" type="checkbox"/> Non-Fatal - Minor Injury <input type="checkbox"/> UNK <input type="checkbox"/> Subject Alleged Injury <input type="checkbox"/> Non-Fatal - Major Injury <input type="checkbox"/> Fatal				
SUBJECT'S ACTIONS (Check all that apply)	<input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> PHYSICAL ATTACK WITHOUT WEAPON (SPECIFY)				<input type="checkbox"/> THROWN OBJECT (DESCRIBE)				WAS SUBJECT ARMED WITH WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, DESCRIBE BELOW:				
	<input checked="" type="checkbox"/> VERBAL THREATS <input type="checkbox"/> HAND/ARM/ELBOW STRIKE				<input type="checkbox"/> KNEE/LEG STRIKE				<input type="checkbox"/> BLUNT OBJECT <input type="checkbox"/> KNIFE/CUTTING INSTRUMENT <input type="checkbox"/> EXPLOSIVE DEVICE				
	<input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> MOUTH/TEETH/SPIT				<input type="checkbox"/> IMMEDIATE THREAT OF BATTERY WITH WEAPON				<input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER (DESCRIBE)				
	<input type="checkbox"/> PULLED AWAY <input type="checkbox"/> PUSH/SHOVE/PULL				<input type="checkbox"/> ATTEMPT TO OBTAIN MEMBER'S WEAPON				<input type="checkbox"/> TASER/TUN GUN <input type="checkbox"/> RIFLE				
MEMBER'S RESPONSE (Check all that apply)	<input type="checkbox"/> FLED <input type="checkbox"/> GRAB/HOLD/RESTRAIN				<input type="checkbox"/> PHYSICAL ATTACK WITH WEAPON				<input type="checkbox"/> WEAPON/OBJECT PERCEIVED AS:				
	<input checked="" type="checkbox"/> IMMINENT THREAT OF BATTERY - NO WEAPON <input type="checkbox"/> WRESTLE/GRAPPLE				<input type="checkbox"/> USED FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM				<input type="checkbox"/> WEAPON USE: <input type="checkbox"/> Displayed, Not Used <input type="checkbox"/> Member at Gunpoint <input type="checkbox"/> DNA <input type="checkbox"/> Used - Attempt to Attack Member <input type="checkbox"/> Obtained Member's Weapon <input type="checkbox"/> Possessed <input type="checkbox"/> Used - Attacked Member				
	<input type="checkbox"/> OTHER (DESCRIBE)				<input type="checkbox"/> OTHER (DESCRIBE)								
	SUBJECT ACTIVITY Drug-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Gang-Related? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				DID THE SUBJECT COMMIT AN ASSAULT OR BATTERY AGAINST THE INVOLVED MEMBER PERFORMING A POLICE FUNCTION? <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES IF YES, IDENTIFY MANNER OF ATTACK				MANNER OF ATTACK? <input type="checkbox"/> Shot/Shot At <input type="checkbox"/> Struck/Blunt Force (Including Attempt) <input type="checkbox"/> Slabbed/Cut (Including Attempt) <input checked="" type="checkbox"/> Other (Including Verbal Threats)				
WEAPON DISCHARGE	TYPE OF ACTIVITY? <input type="checkbox"/> Ambush - No Warning <input type="checkbox"/> Disurbance - Domestic <input type="checkbox"/> Disurbance - Riot/Mob Action/Civil Disorder <input type="checkbox"/> Pursuing/Arresting Subject <input type="checkbox"/> Processing/Transporting/Guarding Arrestee <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Man with a Gun <input checked="" type="checkbox"/> Disurbance - Other <input type="checkbox"/> Charge: <input type="checkbox"/> Investigatory Stop <input type="checkbox"/> Disurbance - Mental Health <input type="checkbox"/> Other - Describe in Narrative				IUCR CODE:				IUCR CODE:				
	REASON FOR RESPONSE? <input type="checkbox"/> Defense of Self <input type="checkbox"/> Defense of Member of Public <input type="checkbox"/> Stop Self-Inflicted Harm <input type="checkbox"/> Subject Armed with Weapon <input checked="" type="checkbox"/> Defense of Department Member <input type="checkbox"/> Overcome Resistance or Aggression <input type="checkbox"/> Fleeing Subject <input type="checkbox"/> Unintentional												
	FORCE MITIGATION EFFORTS <input checked="" type="checkbox"/> MEMBER PRESENCE <input type="checkbox"/> ZONE OF SAFETY <input type="checkbox"/> MOVEMENT TO AVOID ATTACK <input checked="" type="checkbox"/> TACTICAL POSITIONING <input type="checkbox"/> NONE <input checked="" type="checkbox"/> VERBAL DIRECTION/CONTROL TECHNIQUES <input type="checkbox"/> SPECIALIZED UNITS <input checked="" type="checkbox"/> ADDITIONAL UNIT MEMBERS <input type="checkbox"/> OTHER				CONTROL TACTICS <input type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OTHER <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> ARMBAR <input type="checkbox"/> EMERGENCY HANDCUFFING								
	RESPONSE WITHOUT WEAPONS <input type="checkbox"/> OPEN HAND STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> TAKE DOWN <input type="checkbox"/> OTHER <input type="checkbox"/> ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> KNEE STRIKE				RESPONSE WITH WEAPONS <input type="checkbox"/> OC/CHEMICAL WEAPON <input checked="" type="checkbox"/> TASER <input type="checkbox"/> IMPACT MUNITIONS (DESCRIBE BELOW) <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> OC/CHEMICAL WEAPON W/ AUTHORIZATION* <input type="checkbox"/> CANINE <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input type="checkbox"/> LRAD W/ AUTHORIZATION* <input type="checkbox"/> BATON/EXPANDABLE BATON <input type="checkbox"/> OTHER								
WEAPON DISCHARGE	NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1				WEAPON TYPE: <input type="checkbox"/> CHEMICAL WEAPON <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input checked="" type="checkbox"/> TASER <input type="checkbox"/> REVOLVER <input type="checkbox"/> OTHER <input type="checkbox"/> RIFLE				WEAPON SERIAL NO. X3000353R				
	DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES-SUBJECT <input type="checkbox"/> YES-MEMBER				WAS SUBJECT VEHICLE USED AS A WEAPON? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES - AGAINST MEMBER <input type="checkbox"/> YES - AGAINST OTHER PERSON				
	WAS DISCHARGE ONLY TO DESTROY/DETER AN ANIMAL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				WAS THIS AN UNINTENTIONAL DISCHARGE DURING A NON-CRIMINAL INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				PERSON/OBJECT(S) STRUCK BY THE DISCHARGE OF MEMBER'S WEAPON (CHECK ALL THAT APPLY): <input checked="" type="checkbox"/> SUBJECT <input type="checkbox"/> DEPARTMENT MEMBER <input type="checkbox"/> ANIMAL <input type="checkbox"/> NONE <input type="checkbox"/> OTHER PERSON <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN				
	TASER DISCHARGE ONLY TASER DART ID NO. c6202kmm				PROPERTY INVENTORY NO. 14180953				PROBE DISCHARGE <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> DNA <input type="checkbox"/> OTHER				
WEAPON DISCHARGE	FIREARM DISCHARGE ONLY WHO FIRED FIRST SHOT? <input type="checkbox"/> MEMBER <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> OFFENDER				TOTAL NO. OF SHOTS MEMBER FIRED				WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
	MAKE/MANUFACTURER				MODEL				DID MEMBER FIRE AT A VEHICLE? <input type="checkbox"/> NO <input type="checkbox"/> YES				

NOTIFICATIONS AND NARRATIVE

NOTIFICATIONS (ALL INCIDENTS): ☒ IMMEDIATE SUPERVISOR ☒ DISTRICT OF OCCURRENCE

NOTIFICATIONS (WEAPONS DISCHARGE AND DEADLY FORCE): ☒ OEMC ☐ CPIC

NARRATIVE (IF APPLICABLE, DESCRIBE WITH SPECIFICITY, (1) THE USE OF FORCE INCIDENT, (2) THE SUBJECT'S ACTIONS, AND (3) THE DEPARTMENT MEMBER'S RESPONSE, INCLUDING FORCE MITIGATION EFFORTS AND SPECIFIC TYPES AND AMOUNT OF FORCE USED. THE INVOLVED MEMBER WILL NOT COMPLETE THE NARRATIVE SECTION FOR ANY FIREARM DISCHARGE INCIDENTS (WITH OR WITHOUT INJURY) OR IN ANY USE OF FORCE INCIDENTS RESULTING IN DEATH.)
EVT 02432 IN SUMMARY R/O NOTICED A DISTURBANCE IN FRONT OF 002 POLICE DISTRICT. R/O WENT OUTSIDE AND SAW OFFENDER KICKING AND SWINGING AT P.O. ALEXANDER IN AN ATTEMPT TO STRIKE HIM. R/O GAVE VERBAL COMMANDS TO STOP IN WHICH HE IGNORED CONTINUED TO SWING WITH CLOSED FISTS TRYING TO DO PHYSICAL HARM TO P.O. ALEXANDER. R/O THEN TASED OFFENDER TO STOP FURTHER ATTACKS. UPON BEING TASED THE OFFENDER FELL TO THE GROUND AND STRUCK HIS HEAD CAUSING A SMALL LACERATION. OFFENDER WAS THEN HANDCUFFED BY P.O. ALEXANDER. CFD AMB #36 ARRIVED ON SCENE AND OFFENDER WAS TAKEN TO ST BERNARDS HOSPITAL.

REPORTING MEMBER (Print Name)
BUCKHALTER, LISA

STAR/EMPLOYEE NO.
10109

SIGNATURE

REVIEWING SUPERVISOR

TYPE OF SUBJECT INJURY ☐ Minor Contusion ☐ Significant Contusion ☐ Gun Shot ☐ None / None Apparent ☒ Minor Laceration/Abrasion ☐ Laceration Requiring Sutures ☐ Fatal ☐ Minor Swelling ☐ Complaint of Substantial Pain ☐ Broken/Fractured Bone(s) ☐ Other (Explain) ☒ Unintentional Act by Member ☐ Intentional Act by Member ☐ Intentional Act by Self ☐ Intentional Act by Other ☐ Unintentional Act by Self ☐ Unintentional Act by Other

WITNESSES <input checked="" type="checkbox"/> UNK	LAST NAME		FIRST NAME		M.I.	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE	DATE OF BIRTH
	ADDRESS CHICAGO, IL				TELEPHONE NO.		WITNESS INTERVIEW <input type="checkbox"/> INTERVIEWED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REFUSED <input type="checkbox"/> OTHER (Specify)	
	WITNESS STATEMENT							

REVIEWING SUPERVISOR: COMMENTS

R/SGT RESPONDED TO THE SCENE AND THERE WERE NO WITNESSES PRESENT TO BE INTERVIEWED. R/SGT ENSURED ALL APPROPRIATE NOTIFICATIONS WERE MADE. R/SGT ENSURED THE DETAILS WERE COMPLETE AND CORRECT AS WELL AS COMPLETING ALL NECESSARY REQUIRED BOXES IN THE SUPERVISOR REVIEW SECTION. R/SGT REVIEWED ALL APPLICABLE BWC FOOTAGE REGARDING THIS INCIDENT. R/SGT ENSURED ALL NECESSARY REPORTS WERE ATTACHED. R/SGT ENSURED MEDICAL ATTENTION FOR OFFENDER WAS OBTAINED. FIRED CARTRIDGE AND PRONGS RECOVERED AND INVENTORIED.
CL #1089808 OBTAINED FOR THIS INCIDENT.

ATTACHMENTS: ☒ CASE REPORT ☒ ARREST REPORT ☐ SUPPLEMENTARY REPORT ☒ INVENTORY ☐ IOD REPORT ☒ TASER DOWNLOAD ☐ OTHER

REVIEWING SUPERVISOR:

☒ I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

☒ LOG NUMBER OBTAINED FROM THE CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA).

LOG NO. OBTAINED.
1089808

☒ I HAVE REVIEWED THIS TACTICAL RESPONSE REPORT AND AFFIRM THAT THE REPORT IS LEGIBLE AND COMPLETE.

REVIEWING SUPERVISOR NAME (Print)
BELL, CHRISTOPH

STAR NO.
2625

SIGNATURE

DATE/TIME COMPLETED
13-JUN-2018 0950

DISTRIBUTION OF TRR: IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

- THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.
- A COPY OF THE PAPER TRR AND THE ATTACHMENTS WILL BE FORWARDED TO:
 - THE INVESTIGATING SUPERVISOR RESPONSIBLE FOR THE INVESTIGATION,
 - CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA), AND
 - DIRECTOR, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY AND ATTACHMENT SCANNING INTO THE AUTOMATED TACTICAL RESPONSE REPORT (A-TRR) APPLICATION.

TRR 1 OF 1 TRR(S)

TACTICAL RESPONSE REPORT - INVESTIGATION/Chicago Police Department

INCIDENT INFORMATION	DATE OF INCIDENT 09-JUN-2018		TIME 0315	ADDRESS OF OCCURRENCE 155 W 51ST ST CHICAGO, IL 60609		EVENT NO. 02432	RD NO. JB299217	
	RANK 9161	MEMBER LAST NAME BUCKHALTER		MEMBER FIRST NAME LISA		EMPLOYEE NO. [REDACTED]	CB NO. 19656659	CHARGE 720 ILCS 5.0/12-3-A-2 - BATTERY - MAKE PHYSICAL CONTACT
	SUBJECT LAST NAME JOHNSON			SUBJECT FIRST NAME ROBERT			M.I. .	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

SUBJECT'S STATEMENT REGARDING THE USE OF FORCE ☐ DNA ☐ REFUSED ☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Transported to St. Bernards and sedated due to agitated state during medical treatment for cut to his head from fall after being Tased

LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

☒ ADDITIONAL ATTACHMENTS

At the time of the incident R/LI. was touring the district due to the fact that Sergeant Bell was the only 1st Watch Supervisor assigned for 09-June-2018. R/LI. monitored the broadcast of Beat 221R that she had discharged her Taser and was requesting medical attention in front of the station. R/LI. immediately responded to the scene. Sgt. Bell was on scene as well as CFD Amb. #36. The offender was observed to be strapped onto a gurney and being loaded into the ambulance. The offender was observed to be in an agitated state. The offender was transported to the hospital for removal of the Taser prongs. R/LI. downloaded Officer Buckhaller's Taser which indicated one (1) trigger event of five (5) seconds duration. R/LI. reviewed the BWC of PO Buckhaller #10109, PO Belchor #19885 and PO Salinas #6469. PO Darby did not have his BWC activated due to fact that he was in the station processing an arrest when he heard the commotion at the desk and went to assist. PO Alexander did not have a BWC on his person due to being assigned to the desk for the tour. PO Buckhaller's video starts during the Taser activation without audio. PO Belchor's video starts after the deployment and the offender can be heard using profanities. PO Salinas video shows the offender sitting on the ground after the discharge. The offender is observed to be quite vocal, belligerent and non-cooperative with CFD paramedics. The offender is also noted to be spitting towards the paramedics and officers present as he was being placed into the ambulance. The R/LI. reviewed the Original Incident Case Report and based on available reports and video the offender's actions indicated him to be an assailant. The R/LI. finds the member's use of force in compliance with the Department policy and directives.

LT OR ABOVE/INCIDENT COMMANDER:

☒ I HAVE COMPLIED WITH THE DUTIES OUTLINED IN G03-02-02.

☒ I HAVE CONCLUDED THAT THE MEMBER'S USE OF FORCE REQUIRES A NOTIFICATION TO THE INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) / CIVILIAN OFFICE OF POLICE ACCOUNTABILITY (COPA). LOG NO. OBTAINED:

1089808

BASED ON THE PRELIMINARY INFORMATION THAT I HAVE REVIEWED AND THAT WAS AVAILABLE AT THE TIME OF THIS REPORT, THE MEMBER'S USE OF FORCE RESPONSE APPEARS TO BE:

☒ IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ NOT IN COMPLIANCE WITH DEPARTMENT POLICY AND DIRECTIVES.

☐ A DEADLY FORCE OR OFFICER-INVOLVED DEATH INCIDENT.

ACTIONS RECOMMENDED? ☒ NO ☐ YES, DESCRIBE BELOW:

☐ OTHER:

☐ INDIVIDUAL DEBRIEFING WITH SUPERVISOR

☐ REVIEW LEGAL/TRAINING BULLETIN

☐ REVIEW STREAMING VIDEO

☐ STRESS REDUCTION SEMINAR

☐ REVIEW DEPARTMENT DIRECTIVES

LT OR ABOVE/INCIDENT COMMANDER NAME (Print)

DOUGHERTY, MICHAEL P

STAR NO.

363

SIGNATURE

[REDACTED]

DATE/TIME COMPLETED

15-Jun-2018 0217

TACTICAL RESPONSE REPORT - REVIEW/Chicago Police Department

FRU TRACKING NO. 2018-02129

INCIDENT INFORMATION	DATE OF INCIDENT 09-JUN-2018 0315		TIME 0315	ADDRESS OF OCCURRENCE 155 W 51ST ST CHICAGO, IL 60609		EVENT NO. 02432	RD NO. JB299217	
	RANK 9161	MEMBER LAST NAME BUCKHALTER		MEMBER FIRST NAME LISA		EMPLOYEE NO. [REDACTED]	CB NO. 19656659	IR NO. [REDACTED]
	SUBJECT LAST NAME JOHNSON			SUBJECT FIRST NAME ROBERT			M.I. [REDACTED]	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F

- | | | | |
|----------------------------------|--|------------------------------------|-----------------------------------|
| <input type="checkbox"/> LEVEL I | <input checked="" type="checkbox"/> LEVEL II | <input type="checkbox"/> LEVEL III | <input type="checkbox"/> LEVEL IV |
|----------------------------------|--|------------------------------------|-----------------------------------|
- ☐ Use of escort hold, pressure compliance techniques and firm grips which result in an injury or an allegation of injury.
 - ☐ Use of control holds, wristlocks, armbars used in conjunction with handcuffing and searching techniques which result in an injury or an allegation of injury.
 - ☐ Use of force necessary to overcome passive resistance due to disability or intoxication which results in an injury or an allegation of injury.
 - ☐ Other
- ☐ Stunning
 - ☒ Use of Taser
 - ☐ Impact weapon (baton, asp, other)
 - ☐ Direct mechanical strike
 - ☐ OC Spray or other chemical agent
 - ☐ Canine
 - ☐ Impact Munitions
 - ☐ LRAD
- ☐ Laceration requiring sutures
 - ☐ Broken/fractured bones
 - ☐ Injuries requiring a hospital admission
 - ☐ Firearm discharge to destroy/deter an animal
- ☐ Use of force involving a discharge of a firearm
 - ☐ Accidental discharge of a firearm
 - ☐ Striking of subject's head with impact weapon
 - ☐ Application of a chokehold
 - ☐ Use of force by an exempt member
 - ☐ Other deadly force incident
 - ☐ Other incident as determined by the Superintendent

☒ I hereby certify that to the best of my knowledge, neither I, nor my spouse or domestic partner, my parent, my sibling or my child (hereinafter my household or immediate family), has a personal, professional or financial relationship with the subject, victim, witness, department member(s), witness department member(s), or civilian witness(es). I further certify that to the best of my knowledge, the resolution of the matter under review will not positively or negatively affect my financial interests or the financial interest of any member of my household or immediate family.

I acknowledge that I must disclose to the First Deputy Superintendent, in writing, the acquisition of any financial interest or the development or the discovery of any personal interest that would directly affect my ability to conduct an impartial objective review and render unbiased decisions concerning the matter under review.

I acknowledge that I must disclose to the First Deputy Superintendent, Office of the First Deputy Superintendent, in writing, the discovery that a member of my household or immediate family has a personal, professional, or financial relationship with the victim(s), subject(s), department member(s), witness department member(s), or civilian witness(es) or if a member of my household or immediate family will be positively or negatively affected by the resolution of the matter under review.

USE OF FORCE INCIDENT REVIEW (FOR FORCE REVIEW UNIT USE ONLY)

REVIEW SUMMARY:
THE INVOLVED MEMBER IN THIS INCIDENT UTILIZED A TASER CEW TO GAIN CONTROL OF THE SUBJECT AFTER AN ASSISTING DEPARTMENT MEMBER WAS ASSAULTED AND BATTERED.

AS PART OF THIS REVIEW, THE FORCE REVIEW UNIT REVIEWED THE TRR, TRR-I, THE CASE REPORT, THE ARREST REPORT, TASER DOWNLOAD AND BODY-WORN CAMERA VIDEO CAPTURED FROM P.O. LISA BUCKHALTER #1064, PO PATRICIA SALINAS #121814, AND PO BELINDA BELCHER #104073.

SECONDARY RD NO. GENERATED? ☒ NO ☐ YES

RD NO: _____

U NO. OBTAINED? ☒ NO ☐ YES

U NO: _____

OPINIONS AND RECOMMENDATIONS

OPINIONS AND RECOMMENDATIONS:

MEMBER ADVISEMENT (INVOLVED MEMBER):

GENERAL ORDER G03-02-01, FORCE OPTIONS, STATES IN PART:

"CONTROL INSTRUMENTS ARE DESIGNED TO AMPLIFY NONIMPACT PRESSURE IN ORDER TO INCREASE THE POTENTIAL FOR CONTROLLING A SUBJECT. THESE INSTRUMENTS ARE PLACED MAINLY ON THE SENSORS OF THE SKIN COVERING BONE. CONTROL INSTRUMENTS ARE TOOLS (E.G., BATON) APPLIED TO JOINTS AND PRESSURE SENSITIVE AREAS OF THE BODY WITH NON-IMPACT PRESSURE." (G03-02-01 IV.B.1.C)

IN THE 'MEMBER'S RESPONSE' PORTION OF THE TRR, THE INVOLVED MEMBER CHECKED THE 'CONTROL INSTRUMENT' BOX UNDER THE 'CONTROL TACTICS' SECTION. IN THIS INCIDENT THE INVOLVED MEMBER UTILIZED A TASER CEW TO GAIN CONTROL. ALTHOUGH THE TASER WAS ULTIMATELY USED TO GAIN CONTROL OF THE SUBJECT, IT DOES NOT MEET THE DEFINITION OF A CONTROL INSTRUMENT. THE TRR INCORPORATES THIS BOX IN THE EVENT THAT AN INVOLVED MEMBER UTILIZES AN IMPACT WEAPON FOR NONIMPACT PRESSURE TO GAIN CONTROL.

THE FORCE REVIEW UNIT HAS NO FURTHER RECOMMENDATIONS AT THIS TIME REGARDING THIS INCIDENT.

**BASED ON THE REVIEW OF THE INCIDENT,
THE FOLLOWING IS RECOMMENDED:**

☒ NO ADDITIONAL TRAINING RECOMMENDED

☐ ADDITIONAL TRAINING RECOMMENDED

☐ COMPLAINT LOG NO. RECOMMENDED

☐ SUBJECT TO A CURRENT COPA COMPLAINT
INVESTIGATION. CL NO.:

☐ REFER TO FORCE REVIEW PANEL

DISTRICT ACTIONS

☐ INDIVIDUAL DEBRIEFING WITH
SUPERVISOR

☐ REVIEW STREAMING VIDEO

☐ REVIEW DEPARTMENT DIRECTIVES

☐ REVIEW LEGAL/TRAINING BULLETIN

☐ STRESS REDUCTION SEMINAR

☐ OTHER:
(DESCRIBE)

EDUCATION AND TRAINING DIVISION ACTIONS

☐ TACTICS TRAINING

☐ EQUIPMENT/WEAPONS TRAINING

☐ FORCE MITIGATION TECHNIQUES

☐ USE OF FORCE POLICY/LAW REVIEW

☐ OTHER: (DESCRIBE)

REVIEWING MEMBER: (Print)

NOMELLINI, MATTHEW

STAR NO.

SIGNATURE

DATE/TIME

15-JUN-2018 1118

APPROVING SUPERVISOR COMMENTS:

☐ COMPLAINT LOG NO.
OBTAINED

CL NO.:

DATE/TIME

OBTAINED:

APPROVING SUPERVISOR: (Print)

STAR NO.

SIGNATURE

DATE/TIME

FORCE REVIEW UNIT C/O COMMENTS:

FORCE REVIEW UNIT C/O APPROVAL (Print)

STAR NO.

SIGNATURE

DATE/TIME

FORCE REVIEW PANEL DETERMINATION (FOR LEVEL IV INCIDENTS ONLY)

ACTIONS RECOMMENDED? ☒ NO ☐ YES, DESCRIBE BELOW:

☐ 30-DAY ADMINISTRATIVE DUTIES

☐ EAP REFERRAL

☐ OTHER:
(DESCRIBE)

APPROVED BY: (Print)

STAR NO.

SIGNATURE

DATE/TIME